	PATENT	ΔΡΡΙ	ICATIO	W EEE D	ETE	EDAINI A	TION DECC	PATENT APPLICATION FEE DETERMINATION RECORD													
Effective December 29, 1999 09 584, 638														8							
			S FILED .			ALL PE	ENTITY	OR	OTHE	R THAN	1										
F	OR		NUMB	ER FILED			olumn 2) R EXTRA	1		TE	FEE	ر ا	RATE	ENTITY	╣.						
B/	SIC FEE							1			345.00	OR	, A	FEE 690.00	┨∶						
TC	TAL CLAIMS		3	minus	20=	•				9=		OR		+	1						
INDEPENDENT CLAIMS 3 mi					3 =	•			X3	9=	ļ	1	1/20	 	1						
MULTIPLE DEPENDENT CLAIM PRESENT											 -	OR	A/6=	-	4						
• 11	* If the difference in column 1 is less than zero, enter "0" in column 2									30=		OR	+260=								
					TO'	TAL		OR	TOTAL	90M	1										
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									ALL I	ENTITY	OR	OTHER SMALL								
NT A	- Total	REA	AIMS MAINING FTER NDMENT	Minus	PF	HIGHEST NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA		RA	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL							
AMENDMENT	Total	. 7					-50		X\$ 9=	9=	FEE _		X\$18=	900.10	1						
AM	Independent FIRST PRESE	NTATI	ON OF M	Minus	PENI		-5-		ХЗ	9= -		OR	. X78=_	420.00	₹						
		<u> </u>		' [+13	0=		OR	+260=												
				L	TO DDIT.	DTAL			TOTAL ADDIT. FEE	1.321	1										
<u> </u>	O'CONTROL COM PART OF		umn 1) (Column 2) (Column 3)									•	tes	Pd							
AMENDMENTE	By.	REI A AME			PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTF:A		RA	ΓE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
NON	Total		70	Minus •		10	=		X\$:	9=		OR	X\$18=	_ FEE_							
AME	Independent	•	13	Minus	••••	0	= 4		X39)=		OR	X78=	430-	43						
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM)= ·			+260=	7-30-	1-						
				L		TAL		OR	+20U= TOTAL		-1										
9	-29-05	umn 1)		A	DDIT.	FEE L		OR,	ADDIT. FEE	430-	PL										
ပ	Strain CL		AIMS AINING	2544	1	olumn 2)	(Column 3)	lr		- Y	400	r									
MENT		A.F	TER IDMENT		PRE	IUMBER EVIOUSLY AID FOR	PRESENT EXTRA		RATE	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
AMENDMENT	Total	•	60	Minus	**	70			X\$ 9	=		OR	X\$18=	, 5,5							
	Independent	•	12	Minus	***	13	=	l	X39=			ı	X78=								
	FIRST PRESE	ON OF MU	ILTIPLE DEP	-		+		OR	A/0=												
- 1	the entry in colur	mn 1 isk	ess than th	e entry in colu	mn 2. 1	write "0" in a	olumn 3.	L	+130			OR	+260=								
••••	Tine "Highest Nur Tithe "Highest Nu	nber Pre mber Pre	sviously Pa sviously Pa	id For IN THIS aid For IN THIS	S SPA	CE is less th	an 20, enter "20."		DIT. F			OR A	TOTAL DDIT. FEE								
•	The "Highest Num	ber Prev	riously Paid	For (Total or	Indep	endent) is th	e highest number	foun	in the	a app n	opriate box	in colu	mn 1.	l							